

03-092-022

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only	1. FILE NUMBER	2. PERIOD COVERED	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:
	0 0 2 - 2 7 9	MO DAY YEAR From 0 1 0 1 2 0 0 2 Through 1 2 3 1 2 0 0 2	(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.		8. MAILING ADDRESS (Type or print in capital letters.) First Name S H E E T M E T A L Last Name W O R K E R S L O C A L 6 3 P.O. Box • Building and Room Number (if any) Number and Street 3 2 S T E V E N S S T R E E T City S P R I N G F I E L D State ZIP Code + 4 M A 0 1 1 0 4 -	
4. AFFILIATION OR ORGANIZATION NAME Sheet Metal Workers			
5. DESIGNATION (Local, Lodge, etc.) Local		6. DESIGNATION NUMBER 63	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.)		Yes <input checked="" type="checkbox"/> No	

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	
11	Participants in Sheet Metal Annuity, Health & Welfare & Cooperation Funds
12	Participants in the Local & International Political Action Funds
14	An Audit is conducted by Houghton & Socha, P.C.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED <u>Daniel H. Hannon</u> <u>31271 03</u> <u>AB 1796-7379</u> Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED <u>Jim Mulligan</u> <u>31251 03</u> <u>(413) 733-8332</u> Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | x |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | x | |
| 12. Have a political action committee (PAC) fund? | x | |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | x |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | x |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | x |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | x |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | x |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 5 6 9
19. What is the date of your organization's next regular election of officers? MO YEAR
0 6 2 0 0 3
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 35 per month (Month, Year, etc.)
(b) Initiation Fees	\$ 800
(c) Transfer Fees	\$ 1
(d) Work Permits	\$ 0 per (Month, Year, etc.)

- | | Yes | No |
|--|-----|----|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) | | x |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | | x |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | x |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 0 2 — 2 7 9

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash		3 2 3 6 7 2	2 6 1 3 7 7
	26. Accounts Receivable		0	0
	27. Loans Receivable	1	0	3 9 8 5
	28. U.S. Treasury Securities		0	0
	29. Investments	2	0	0
	30. Fixed Assets	5	6 0 5 1 5	5 7 6 8 3
	31. Other Assets	3	0	0
	32. TOTAL ASSETS		3 8 4 1 8 7	3 2 3 0 4 5
LIABILITIES	33. Accounts Payable		0	0
	34. Loans Payable	8	0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	6 4 6 5	1 1 1 9
	37. TOTAL LIABILITIES		6 4 6 5	1 1 1 9
	38. NET ASSETS (Item 32 less Item 37)		3 7 7 7 2 2	3 2 1 9 2 6

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 0 2 - 2 7 9

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			5 8 7 2 9 1	56. To Officers	9		1 2 8 5 8 5
40. Per Capita Tax			0	57. To Employees	10		2 2 2 6 2
41. Fees			2 1 1 8	58. Per Capita Tax			1 7 0 6 4 6
42. Fines			1 0 4 0 0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense	13		3 6 4 3 8
44. Work Permits			0	61. Educational & Publicity Expense ...			0
45. Sale of Supplies			0	62. Professional Fees			1 1 5 7 9
46. Interest			2 3 0 6	63. Benefits	11		1 2 8 2 6 1
47. Dividends			0	64. Contributions, Gifts & Grants	12		4 8 7 1
48. Rents			0	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		0	66. Direct Taxes			1 1 9 7
50. Loans Obtained	8		0	67. Withholding Taxes			8 0 9 5 5
51. Repayments of Loans Made	1		0	68. Purchase of Investments & Fixed Assets	7		2 2 4 1 5
52. On Behalf of Affiliates for Transmittal to Them			0	69. Loans Made	1		0
53. From Members for Disbursement on Their Behalf			0	70. Repayment of Loans Obtained	8		0
54. Other Receipts	14		6 2 9 9 3	71. To Affiliates of Funds Collected on Their Behalf			0
				72. On Behalf of Individual Members...			4 3 5 0
				73. Other Disbursements	15		1 0 9 3 4 5
55. TOTAL RECEIPTS			6 6 5 1 0 8	74. TOTAL DISBURSEMENTS			7 2 0 9 0 4

FILE NUMBER: 0 0 2 - 2 7 9

SCHEDULE 1 — LOANS RECEIVABLEForm LM-2 (Revised 2000)

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in _____ Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in _____ Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Employee Withholdings	1119
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 1 1 9
Enter the Total from Line 7 in _____ Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 0 2 - 2 7 9


Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location):	0		0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	89,680	43,407	46,273	45,000
6. Office Furniture and Equipment	26,799	15,389	11,410	12,000
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	116,479	58,796	57,683	57,000
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS






Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		0
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 0 2 - 2 7 9

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Automobile	20,961		20,961
2. Computer Equipment	1,454		1,454
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		2 2 4 1 5
Enter the Total from Line 8 in  Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in  Item 34  Item 50  Item 70  Item 75  Item 34					
			with Explanation		Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 0 2 - 2 7 9

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name: M U L C A H Y First Name: K E V I N Title: B U S I N E S S M G R Status: C		6 2 0 0 4	0	0	0	6 2 0 0 4
2. Last Name: A N D R E W S First Name: M A R K Title: B U S I N E S S R E P Status: C		5 6 0 7 0	0	0	0	5 6 0 7 0
3. Last Name: S A U V A G E A U First Name: D O N A L D Title: O R G A N I Z E R Status: P		3 2 3 9 4	0	0	0	3 2 3 9 4
4. Last Name: C O W L E S First Name: S T U A R T Title: O R G A N I Z E R Status: C		3 1 9 7 0	0	0	0	3 1 9 7 0
5. Last Name: A N D R E First Name: D E N I S Title: T R U S T E E Status: C		3 3 5	0	0	0	3 3 5
6. Last Name: B E A U D R E A U First Name: R O N Title: T R U S T E E Status: C		2 0 0	0	0	0	2 0 0
7. Last Name: B U D U O First Name: R O B E R T Title: T R U S T E E Status: C		5 1 5	0	0	0	5 1 5
8. Totals from additional pages (if any)		2,475	0	0	0	2,475
9. Totals of Lines 1 through 8		185,963	0	0	0	185,963
			10. Less Deductions 5 7 3 7 8			
Enter the Total from Line 11 in Item 56 ➡			11. Net Disbursements 1 2 8 5 8 5			

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 0 2 - 2 7 9

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
1.	<div> <div>MASTRONARDI</div> <div>MELISSA</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	26478	0	0	0	26478
2.	<div> <div></div> <div></div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
3.	<div> <div></div> <div></div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
4.	<div> <div></div> <div></div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
5.	<div> <div></div> <div></div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
6. Totals from additional pages <small>(if any)</small>						
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates						
8. Totals of Lines 1 through 7		26,478	0	0	0	26,478
				9. Less Deductions 4 2 1 6		
Enter the Total from Line 10 in..... Item 57 ➡				10. Net Disbursements 2 2 2 6 2		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 0 2 - 2 7 9

Description (A)	To Whom Paid (B)	Amount (C)
1. National Pension and Cola Fund	SMW National Pension Fund	64,063
2. SMW Local #63 Annunity Fund	Local #63 Annunity Fund	21,260
3. SMW Local #63 Health & Welfare Fund	Local #63 H & W Fund	39,364
4. SMW Local #63 Labor Management Fund	Local #63 Labor Management	3,574
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		1 2 8 2 6 1
Enter the Total from Line 6		↑ Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Miscellaneous	4,871
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	4 8 7 1
Enter the Total from Line 8 in ↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Office Supplies & Exp	25,828
2. Postal	10,610
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	3 6 4 3 8
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. International Grant	37,794
2. Reimbursements	15,883
3. Miscellenous	9,316
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	6 2 9 9 3
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Advertising	2,517
2. Auto Expense	6,189
3. Dues & Registration	911
4. Travel & Conventions	8,996
5. Insurance	12,741
6. Interest	251
7. Miscellenous	5,758
8. Organization Expense	5,687
9. Outside Services	3,855
10. Reimbursed Expense	2,108
11. Return of Initiation Fee	4,765
12. Telephone	18,837
13. Compensation - Labor	19,241
14. Rent	7,630
15. Repairs & Maintenance	9,859
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 0 9 3 4 5
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME:
Sheet Metal Workers Local # 63

ENDING DATE OF PERIOD COVERED:
12/31/02

FILE NUMBER: 0 0 2 - 2 7 9

PAGE 1 OF 2 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	(C) Status					
Last Name H A R N O I S First Name F R A N K Title T R U S T E E Status C		2 7 5	0	0	0	2 7 5
Last Name L A F L E U R First Name M I C H A E L Title T R U S T E E Status C		2 7 5	0	0	0	2 7 5
Last Name N A D L E I I I First Name J A M E S Title T R U S T E E Status C		2 5 0	0	0	0	2 5 0
Last Name S C A M M O N First Name J O H N Title T R U S T E E Status C		3 0 0	0	0	0	3 0 0
Last Name S L I W A First Name A N D R E W Title T R U S T E E Status C		2 5 0	0	0	0	2 5 0
Last Name T O U R I G N Y First Name D A N I E L Title T R U S T E E Status C		1 7 5	0	0	0	1 7 5
Last Name W H I T E First Name R O B E R T Title T R U S T E E Status C		5 7 5	0	0	0	5 7 5
Last Name V A C H O N First Name Y V O N Title T R U S T E E Status C		2 2 5	0	0	0	2 2 5
Totals		2,325	0	0	0	2,325

ORGANIZATION NAME:
Sheet Metal Workers Local #63

ENDING DATE OF PERIOD COVERED:
12/31/02

FILE NUMBER: 0 0 2 - 2 7 9

PAGE 2 OF 2 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name C O W L E S	First Name S T U A R T	1 5 0	0	0	0	1 5 0
Title T R U S T E E	Status C					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Totals		150	0	0	0	150